


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	INTEGRATED CIRCUIT SELECTIVE SCALING		
Application Type : regular, utility			
Attorney Docket Number : BUR920040201US1			
Correspondence address:			
Customer Number:		45093	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Fook-Luen		
<b>Family Name:</b>	Heng		
<b>Residence:</b>			
<b>City of Residence:</b>	Yorktown Heights		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	1265 Park Lane		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Yorktown Heights		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	10598		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Jason		
<b>Middle Name:</b>	D.		
<b>Family Name:</b>	Hibbeler		

**Residence:**

**City of Residence:** Williston  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 47 Sadler Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Williston  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05495  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Kevin  
**Middle Name:** W.  
**Family Name:** McCullen  
**Residence:**  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 64 Briar Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** IN  
**Given Name:** Rani  
**Middle Name:** R.  
**Family Name:** Narayan  
**Residence:**  
**City of Residence:** San Jose

**State of Residence:** CA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1087 Quail Creek Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** San Jose  
**State of Mailing Address:** CA  
**Postal Code of Mailing Address:** 95120  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Stephen  
**Middle Name:** L.  
**Family Name:** Runyon  
**Residence:**  
**City of Residence:** Pflugerville  
**State of Residence:** TX  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 402 Sage Boot Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Pflugerville  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78660  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Robert  
**Middle Name:** F.  
**Family Name:** Walker  
**Residence:**  
**City of Residence:** St. George  
**State of Residence:** VT  
**Country of Residence:** US

**Address-1 of Mailing Address:** 235 Mount Pritchard Lane

**Address-2 of Mailing Address:**

**City of Mailing Address:** St. George

**State of Mailing Address:** VT

**Postal Code of Mailing Address:** 05495

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

Attorney Information:

practitioner(s) at Customer Number:

045093



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** International Business Machines Corporation

**Address-1 of Mailing Address:** New Orchard Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Armonk

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**